COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>WIRELESS INFORMATION RETRIEVAL</u>, the specification of which:

| on the mitth | | <u>-</u> | |
|--|--|---|-----------------------|
| [X] [] [] | was filed on _ as Application Serial No an was described and claimed in PCT Internation | d was amended ononal Application No T Article 19 on | filed on |
| I he | reby state that I have reviewed and understare claims, as amended by any amendment refer | nd the contents of the above-identificed to above. | ed specification, |
| | knowledge the duty to disclose all information e of Federal Regulations, §1.56. | I know to be material to patentabili | ty in accordance with |
| I he business in the | reby appoint the following attorneys and/or a he Patent and Trademark Office connected the | gents to prosecute this application a erewith: | and to transact all |
| Denis G. Mal David L. Feig | loney, Reg. No. 29,670 genbaum, Reg. No. 30,378 | Kenneth F. Kozik, Reg. 36,572 Paul A. Pysher, Reg. No 40,870 | |
| Address all telephone calls to KENNETH F. KOZIK at telephone number (617) 542-5070. | | | |
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| 225 | H & RICHARDSON P.C. Franklin Street ston, MA 02110-2804 | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon. | | | |
| Full Name of Inventor's S Residence A Citizenship: Post Office | Signature: Cambridge, MA U.S.A. | Date: _ | 3/20/01 |

Date: 04/02/01

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Combined Declaration and Power of Attorney

Page 2 of 2 Pages

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